

2440

165  
645

**PLACE OF BIRTH**  
County of Yuma  
District of Globe  
Town of Globe  
or City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_  
Co. Register No. 94  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Hortensia Sandoval { Born YES  
Alive NO }

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 14</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Ramon Sandoval</u>			Full Maiden Name <u>Maria Guerrero</u>		
Residence <u>Globe, Ariz.</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>23</u> (Years)			Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Sanora, Mexico</u>			Birthplace <u>Lordsburg, New Mex</u>		
Occupation <u>Drayman</u>			Occupation <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

hereby certify that I attended the birth of above child; and that it occurred on Feb 14 1918, at 5:25 A.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Alvin Kirmse M.D.  
(Attending physician, midwife, householder, \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1918

Address Globe, Ariz.

Filed Feb 17 1918 LOCAL REGISTRAR. B. E. J. Cox

823-214-476  
COUNTY REGISTRAR.

Filed Mar 5 1918 A True Copy LOCAL REGISTRAR. B. E. J. Cox  
COUNTY REGISTRAR.